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Thirtieth special session

Official Records

3rd plenary meeting
Wednesday, 20 April 2016, 10 a.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Mr. Cardi (Italy), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 7 (*continued*)

General debate

The Acting President: I give the floor to His Excellency Mr. K. Shanmugam, Minister for Home Affairs and Minister for Law of the Republic of Singapore.

Mr. Shanmugam (Singapore): Singapore is happy to be a participant at this special session of the General Assembly.

To discuss the global drug problem, we need to start by asking a fundamental question: what kind of society do we want for our people? All of us want the same things — peace, prosperity, progress, equality of opportunities and a good quality of life for people. Those things cannot be achieved without safety and security, which are the key building blocks for any society. In that context, the questions are as follows. What impact do drugs have on the kind of society that all of us want? How do we deal with drug abuse in our communities, and what is the best approach? During the next three years before the special session in 2019, we will need to develop consensus on those questions.

We are now at a crossroads because of several factors. Countries have tried to fight the scourge of drugs and have been unsuccessful. Tens of thousands of their citizens have been killed and their societies have been seriously impacted. Parts of those countries are controlled by drug lords. Some countries have not been so fundamentally affected. Their drug situation is broadly under control and the problem is contained within certain segments of the population. For countries in that situation, an acceptance of drugs in their societies seems attractive. Therefore, they seek harm reduction — or, effectively, legalization. Others, like Singapore, focus on tackling drug trafficking through supply reduction and combating drug abuse through demand reduction.

When we go down the road of harm reduction, I do not think we should be under any illusion: drugs harm the abuser, his family and the community. We have had experts from our Institute of Mental Health conduct a literature review of journal articles over a period of time. They studied more than 500 articles from reputable medical journals, and the evidence was clear: cannabis is harmful. It can cause irreversible damage to the brain and to cognitive ability. It is addictive. One in 10 regular users develops dependence, and that increases to 1 in 2 among daily users. I heard a lot yesterday about a science-based approach to drugs. What I have just stated is science-based. Drugs harm us. We would not knowingly and happily give drugs to our teenage children, would we? We might accept it and deal with it if they abused drugs, but we would not voluntarily give them drugs. Let us therefore be clear about the harmful effects of drugs.

Our approach is this. We are located in a difficult environment. We are near several major drug-production

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centres. We believe that drugs will destroy our society. With more than 200 million people travelling through our borders every year, and given Singaporeans' purchasing power, a soft approach would mean our country would be awash with drugs. That is why we have adopted a comprehensive, balanced, sustained and tough approach to tackling both supply and demand. The results speak for themselves. We are relatively drug-free, and the drug situation is under control. There are no drug havens, no no-go areas or zones, no drug-production centres, no needle-exchange programmes. Our stance on drugs has allowed us to build a safe and secure Singapore for our people.

I heard many speeches yesterday, both in the plenary and at the round tables, with soaring rhetoric on the rights of people to access narcotics. The argument was presented as a dichotomy — human rights and dignity on the one hand, versus oppression, on the other. Maybe that rhetoric is based on the experience in some countries. It sounds like a lot of straw-man arguments to us, because it is not based on facts.

Demand reduction does not have to mean no compassion or consideration for the abuser. It does not have to mean locking up the abuser, throwing away the keys and condemning him to a life of criminality. It is possible to be tough on traffickers, to be tough in prevention, to be tough on drug abusers and, at the same time, to help abusers psychologically, medically and economically without having to feed them drugs. It is possible to help many of them kick their habit and reintegrate into society.

We take a no-nonsense approach to abusers. For first-time and second-time young offenders, we focus on counselling. We do not detain them. We put them into a framework where we help them kick their habit and find jobs and reintegrate into society. There is a lot of focus on working with them, helping them. That is the middle way between locking everyone up and treating them as criminals, and the alternative of feeding them drugs. The middle way is to focus on them and to try to help them kick their habit. Sometimes a cold-turkey approach is necessary. Sometimes detention is necessary, but not always. Make an assessment, believe in the dignity of the human potential to kick the habit and lead a life free of crime. It is easier to feed them with drugs. It is more difficult, more intensive and takes more resources to actually work with them and try to rehabilitate them. That is what we try to do.

In the 1990s we arrested over 6,000 drug abusers per year; now it is about 3,000. That is against a backdrop of a more prosperous Singapore, where people have more money to spend on drugs, and amid a worsening regional drug situation in which the supply of drugs has mushroomed. We have actually halved the number of abusers. What that means is that 3,000 lives have been saved every year from the scourge of drugs. Our recidivism rates have also come down from 60 per cent to 30 per cent.

Let us be clear also on the effect of drugs on criminality. In most countries, including Singapore, if one looks at the crimes and at the offenders, they will either be related to drugs or they will have antecedents relating to drugs.

How do we protect the victims of drugs? I see a lot of rhetoric on the rights of abusers, but what about the victims? What do we do with them? Do we talk about the rights of babies born with a drug dependency because their mothers have been taking drugs? They are infants who are already drug-dependent.

In Singapore, we want the right to decide for ourselves that anyone can walk safely anywhere, that a 10-year-old girl can use public transport and that a lady can walk out at any time of the day or night — and if one drives around one will see ladies outside in their shorts, exercising. Those are among the rights that we value fundamentally. We have achieved that because we have fought a successful battle against drugs.

We have handed out some statistics on Singapore to give context and to explain why we cherish what we have achieved and why we are not prepared to give it up. We will change our position if people can show us, based on evidence, that drugs are good for the person taking them — or at least have a neutral effect — and that the crime situation will not get worse and that the rest of society will not pay a price for them. We are not very impressed with rhetoric alone. Good speeches are one thing, enjoying safety and security at the level I have identified — letting one's 10-year-old child take public transport — that is different. I say to anyone with a different view: come forward. I am prepared to compare our experiences with any city that you choose. Show me a model that works better and delivers a better outcome for citizens, and we will consider changing. If that cannot be done, then do not ask me to change.

Between now and 2019, we need to come to consensus on how we can move forward as one global

community to tackle drugs. Every country should have the right to choose the approach that works best for them. For us, the choice is clear: we want a drug-free Singapore, not a drug-tolerant Singapore. We want to be part of a drug-free Association of Southeast Asian Nations (ASEAN), and this comes from a country over 50 years old that is now ranked number one in ASEAN on the rule of law index, within the top five of where to be born in the world, within the top five in terms of quality of life and the index of social achievement, education and health care. If others want me to change, they must show me a better way.

The Acting President: I now give the floor to Her Excellency Ms. Sophie Lohde, Minister of Health of the Kingdom of Denmark.

Ms. Lohde (Denmark): I refer to the statement delivered by the observer of the European Commission on behalf of the European Union and its member States (see A/S-30/PV.1), a statement fully supported by the Government of Denmark.

The Government of Denmark welcomes this opportunity for Member States to review the implementation of the Political Declaration and Plan of Action on an Integrated and Balanced Strategy to Counter the World Drug Problem. Progress has been achieved since its adoption, in 2009. However, the drug problem continues to present challenges to the health, safety and well-being of people who use drugs and to society as a whole. Allow me to dwell on a few points that are essential for the achievement of further progress.

Drug policies should be balanced. Prohibition and control cannot stand alone. Supply reduction has to be balanced with a sharp focus on evidence-based prevention, treatment and harm reduction, including the reduction of drug-related deaths. It is important to keep in mind that the overall aims of drug policies are the health and welfare of human beings, as well to address drug abuse and the harms resulting from it.

Against that backdrop, harm-reduction measures have been introduced in Denmark, and they have proved to be an essential element of our drug policy. This approach is based on the conviction that drug policies should be built on human rights. Everybody, including people who use drugs, has the right to be treated with dignity. Consequently, the Government of Denmark deeply regrets that the outcome document (resolution S-30/1, annex) does not address the abolition of the death penalty for drug-related crimes. Denmark is opposed to the death penalty in all circumstances. To achieve further progress, it is also essential that civil society be involved in drug policies at the national and international levels.

Despite our joint efforts, we are still facing challenges — not least the number of drug-related deaths and the proportion of harm resulting from drug abuse. Balanced and evidence-based drug policies built on human rights and developed and implemented through the involvement of civil society are essential to meet those challenges.

The Acting President: I now give the floor to Her Excellency Ms. Jane Philpott, Minister of Health of Canada.

Ms. Philpott (Canada): I am honoured to participate in this special session of the General Assembly.

A few weeks ago, in preparation for this event, I met with a group of non-governmental organizations in Ottawa. There were lawyers, doctors and highly articulate activists, but the most powerful voice of all belonged to a mother. She was there to tell the story of her young daughter, who lost her life due to complications of substance use. She described watching her daughter slip away, as she struggled to access the treatment and services that should have been available to save a beautiful, fragile life. Stories like that are far too commonplace. Countless lives are cut short due to overdoses of licit and illicit substances.

Today, I stand before the General Assembly as Canada's Minister of Health to acknowledge that we must do better for our citizens. I am proud to stand up for a drug policy that is informed by solid scientific evidence and uses a lens of public health to maximize education and minimize harm.

As a doctor who has worked in both Canada and sub-Saharan Africa, I have seen too many people suffer the devastating consequences of drugs, drug-related crime and ill-conceived drug policy. Fortunately, solutions are within our grasp.

In my own country, I am impressed with the work of Insite, a supervised consumption site where people with addiction can access the care and support they need. I am proud at how quickly we are making naloxone antidote kits available to save lives from overdoses.

(*spoke in French*)

I sense an urgency to work together to find solutions, whether for big cities or for remote indigenous communities.

I know that goodwill also exists internationally. Indeed, I was heartened by the recent reminder by the President of the International Narcotics Control Board that we must put health and welfare at the centre of a balanced approach to treaty implementation.

(*spoke in English*)

Our approach to drugs must be comprehensive, collaborative and compassionate. It must respect human rights while promoting shared responsibility. And it must have a firm scientific foundation.

In Canada, we will apply those principles with regard to marijuana. To that end, we will introduce legislation in the spring of 2017 that ensures we keep marijuana out of the hands of children, and profits out of the hands of criminals. While that plan challenges the status quo in many countries, we are convinced it is the best way to protect our youth while enhancing public safety.

Canada will continue to modernize its approach to drug policy. Our work will embrace upstream prevention, compassionate treatment and harm reduction. We will work with law-enforcement partners to encourage appropriate and proportionate criminal justice measures. We know it is impossible to arrest our way out of this problem.

Addressing problematic drug use is a shared challenge. The solutions are also collective, involving Governments, indigenous peoples, civil society, youth, scientists and key United Nations agencies.

I acknowledge that other countries and cultures will pursue approaches that differ from Canada's. I believe that, if we respect one another's perspectives and seek common ground, we can achieve our shared objective of protecting our citizens. Better yet, we can improve their lives.

The Acting President: I now give the floor to His Excellency Mr. Bernard Nottage, Minister of National Security of the Commonwealth of the Bahamas.

Mr. Nottage (Bahamas): The Bahamas is grateful for the opportunity to participate in this special session of the General Assembly on the world drug problem, as we lend our support to cooperate in countering the global illegal drug trade and, specifically, the security challenges of the Bahamas. We are especially pleased that underpinning the discussions of the Assembly is the resolve to improve the effectiveness of our responses to the drug problem in the mutual interests of all States.

The Bahamas is on the front line of drug control — and has been there for more than 40 years now — because of the serious drug problem we face and our commitment to national action and to bilateral, regional and international cooperation in this area. Our country is strategically situated on the way from illicit drug production centres in Central and South America and the Caribbean and on the way to North America and Europe. It is a sparsely populated archipelago, with vast water borders and hundreds of islands without permanent populations.

Cocaine and marijuana, the signature drugs produced in the region, are also the principal drugs in the transit traffic into and through the Bahamas. A coalition of transnational criminals, including Bahamians, continues to traffic drugs primarily through the country's maritime space in craft of all kinds, including coastal freighters and go-fast boats.

There is an intrinsic link between the Bahamas's current national security problems and the illicit drug trade. Let me refer in particular to our serious challenges stemming from arms trafficking, human smuggling, illegal immigration and trafficking in persons. Those illicit activities — particularly arms trafficking, a definite offshoot of the drug trade — tend to rest on the platform created by drug trafficking. Consequently, a single trafficking exercise may now involve drugs, guns and illegal immigrants.

The introduction of illegal weapons in particular significantly compounds the country's security situation. Guns have become the weapon of choice in the perpetration of violent crime. But we are determined that drug trafficking, crime and criminality should not jeopardize the economic, social and political stability and development of our country.

Against that backdrop, and with reference to the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, the current drug policies of the Bahamas have focused on an appropriate balance between the traditional law-

enforcement approaches and alternative development programmes, including public health approaches.

In 1983, Operation Bahamas and Turks and Caicos, known as OPBAT, was established as a multi-agency, international drug-interdiction effort focused on stopping the flow of illegal drugs from South and Central America and the Caribbean to the Bahamas, Turks and Caicos and the United States. To date, it is estimated that OPBAT has reduced the flow of cocaine through the Bahamas from 80 per cent of that entering the United States to 10 per cent, and is considered one of the most successful counter-drug enforcement initiatives in the region.

The Bahamas is about to launch a $20 million citizen security and justice programme. Key among its objectives is the treatment, rehabilitation and reintegration of offenders, including those serving time for drug-related offences. The National Anti-Drug Secretariat, which is our national coordinating body for all anti-drug efforts, conducts research studies on drug use and abuse in order to direct new policy focus. The Bahamas also anticipates the establishment of drug treatment courts to provide an alternative to incarceration for drug-dependent offenders through treatment and rehabilitation.

Since youths are disproportionately represented as both victims and perpetrators of drug-related crime and violence, the Bahamas has embarked upon a series of initiatives focused on at-risk youth. For example, we recently established a national drug-free schools day, when students, educators and parents are engaged in creating a positive learning environment that is drug free. We have also begun the process of providing drug-prevention training for all school-based police officers and guidance counsellors through the International Centre for Certification and Education of Addiction Professionals.

We look forward to taking up new leadership roles in international anti-drug efforts. At the Organization of American States Inter-American Drug Abuse Control Commission (CICAD) fifty-eighth regular session, held in Peru last November, the Bahamas was elected to the position of Vice-Chair — the first time we have assumed that role. We look forward to chairing a meaningful and productive sixtieth regular session of CICAD in our beautiful country in November.

As we begin to set an ambitious new agenda and benchmarks towards 2030, we look forward to intensified global efforts relative to international security to counter those challenges that threaten to destabilize our country. I give my assurances that the Bahamas is a willing and committed partner in the process to effectively address the world drug problem. The Bahamas will spare no effort to promote a peaceful society and respect for the rule of law within our borders and beyond.

The Acting President: I now give the floor to His Excellency Mr. Dario Nakić, Minister of Health of the Republic of Croatia.

Mr. Nakić (Croatia): Allow me to commend the Commission on Narcotic Drugs secretariat and the Board for the special session for the considerable efforts put into the preparatory process for this highly important event. This session gives us an opportunity to extensively discuss policy issues as they pertain to the current drug problems we face around the globe and to rethink our approaches and goals.

We have to say openly that present drug policies are not producing the expected results, and therefore cannot continue without modifications. It is about time for a paradigm shift, which will inevitably lead to drug policy reform.

It is evident that tackling the global drug problem from only one perspective — punishment and the punitive dimension — has negative impacts on health and human rights, making the cure worse than the disease. With that in mind, the Republic of Croatia does not support the death penalty in any circumstance, including for drug-related offences. We reiterate that the death penalty undermines human dignity while failing to act as a deterrent to criminal behaviour.

We have to approach the drug problem as a public health issue to the same degree that we have regarded it as a public safety issue. However, at the same time we cannot afford polarization. Drug phenomena cross many academic disciplines, so it is essential to think and act with a multidisciplinary approach. That is the only path to ensuring coherence among health, social and justice policies.

One of the biggest concerns is the rapid spread of new psychoactive substances. We are obliged to raise awareness about the risk of using such new substances and other drugs within existing prevention programmes. The widespread trend of polysubstance use often involves a combination of licit and illicit substances.

That prompts us to focus on an integrated policy on substance use that should also cover a wide range of other addictive behaviours.Let me briefly address a few elements of outstanding importance to the Republic of Croatia.

In recent years, the Republic of Croatia has continuously worked on enhancing its national drug policy by taking into consideration the global drug policy shift towards an evidence-based approach. As part of the cost assessment process, we have also developed indicators and tools to evaluate the cost-benefit ratio of the various measures implemented at the national level.

We have to be aware that in many regions of the world there remains a high incidence of blood-borne diseases among people who inject drugs. The Republic of Croatia has a long-standing tradition of risk- and harm-reduction programmes, which has resulted in very low HIV prevalence among people who inject drugs — below 1 per cent — while the prevalence of the hepatitis C virus dropped from its peak of 71 per cent in the early 2000s to 25 per cent in 2014. Those measures also contributed to the significant reduction in drug-related mortality as well as to public health in general.

The Republic of Croatia is very committed to reintegrating drug users into society. In the framework of our social reintegration project, which was endorsed in 2007, a spectrum of various social interventions is being applied, from psychosocial support to assistance with education, employment and housing. The project reduced the stigma associated with drug use and motivated a considerable number of drug users to participate in re-education programmes, and the end result has been an increase in their employment rate.

We strive towards recovery from problematic substance misuse as a final goal of our national policies. It is important to point out that all of the programmes are being implemented in association with civil-society organizations, which provide considerable support in our efforts to improve the health and quality of life of drug users in the Republic of Croatia. Their contribution through providing recommendations during decision-making processes is of great value, and they are considered as equal partners during the implementation phase.

Returning to the global dimension, I highly welcome the outcome document (resolution S-30/1, annex) adopted at this special session. It proves that, despite significant differences in the national drug-control policies of the Member States, it is possible to reach an agreement in formulating global drug policy through constructive dialogue.

I conclude by quoting Mahatma Gandhi:

> "The difference between what we do and what we are capable of doing would suffice to solve most of the world's problems."

I am convinced that on the basis of a constructive dialogue, we will succeed in making the best of our full potential and in closing the gap between what we do and what we are capable of doing with our national drug-control policies. That will enable us to effectively contribute to solving the world drug problem.

Finally, let me end with the words of the great Croatian poet, Aritun Gustav Matos:

> "It is most difficult to be alone and find yourself."

Let us therefore help them to find themselves.

The Acting President: I now give the floor to Mr. Emmanuel Caparas, Secretary of the Department of Justice of the Republic of the Philippines.

Mr. Caparas (Philippines): I wish a blissful morning to everyone. The Philippine delegation congratulates His Excellency Ambassador Khaled Shamaa on his election as Chair of the Board for this special session. Under his stewardship, we know that much can be accomplished in these three days.

Back home in the Philippines, we find ourselves once again on the cusp of political change. The general elections to be held in less than three weeks will have a direct impact on governmental policies and the direction in the next six years. Be that as it may, our nation's desire to win the war on illegal drugs is unwavering. Along with the other Member States, we remain committed to waging that war under the guidance of an integrated and balanced strategy. In that regard, we wish to put on record three basic tenets underlying our commitment.

First, all of our country's local and national policies, initiatives and efforts against prohibited drugs are in faithful accordance with the three international conventions on drug control. Secondly, we remain firm and resolute in our opposition to all calls to legalize controlled drugs, as emphasized in our statement at the fifty-ninth session of the Commission on Narcotic

Drugs, held in Vienna in March. Without conditions, we reiterate that statement here today. Thirdly, the Philippines does not support the imposition of capital punishment for drug-related offenses, or for any other criminal offence for that matter.

We are happy to report meaningful progress in our ongoing battle with the world drug problem. In the past 12 years, significant reductions in both the demand for and supply of prohibited drugs have been observed, as a result of aggressive measures undertaken by our law enforcement agencies. More regular and focused information campaigns in schools and local communities have likewise been effective. Such efforts at the grass-roots level of society — where the youth are especially vulnerable — have not only increased people's overall awareness, but also engendered in them a deeper appreciation of the problem.

On top of that, our Government continues to urge displaced individuals to instead engage in legitimate livelihood activities, such as abaca and silk farming. We have also adopted a compassionate approach in the treatment and rehabilitation of drug users, with the goal of their eventual reintegration into mainstream society. Those are all part and parcel of an existing national anti-drug plan of action, which is being implemented until 2020.

We recognize that the problem we face is complex and continuously evolving. Many challenges loom on the horizon, including the emergence of narco-politics, the emergence of foreign trafficking syndicates, the lingering threat of new drugs and banned substances and many more. Truly, our best-laid plans will be ineffective unless all nations unite against this foe. With the huge turnout of delegations at this special session, it is clear that we, as a global community and despite the seeming divergence in our respective approaches, will prevail.

The Acting President: I now give the floor to Her Excellency Ms. Susana Mabel Malcorra, Minister for Foreign Affairs and Worship of the Argentine Republic

Ms. Malcorra (Argentina) (*spoke in Spanish*): Permit me to begin by referring to a deplorable tragedy in Argentina in the past few days, which led me to change my statement today. At dawn this past Saturday, five young people lost their lives as a result of having taken synthetic drugs at an electronic music concert, while five others remain hospitalized in critical condition. That unfortunate occurrence, which dealt an irreparable blow to Argentine society, is a clear display of how the scourge of drugs affects all countries and all people, without distinction, cutting short the potential and future of our youth and irreversibly damaging our families and society.

This special session must be a key point to renew and redouble our political commitment to confront the world drug problem. From this rostrum, we wish to reiterate our deepest condolences to and our solidarity with the families and loved ones of those young people affected by this tragedy, which, unfortunately, adds to the list of the countless victims of the drug problem throughout the world.

During the electoral process that led to the Government headed by President Mauricio Macri, the following three priorities were established for Government action: zero poverty, the fight against drug trafficking and the union of Argentines within democratic institutionalization. Those three pillars were confirmed by President Macri when he took office on 10 December 2015. One of the first actions of the new Administration was to recognize that Argentina was confronting a serious situation in the world drug problem. Recognizing the existence of the problem makes it possible to seek and achieve solutions.

The second aspect was to acknowledge that we were facing a problem that does not recognize limits or boundaries. In that regard, we contend that cooperation, guided by the principle of common and shared responsibility, is a priority, entailing collective and coordinated efforts and responsibilities. We therefore actively promote cooperation to exchange information and coordinate actions at the bilateral, regional, hemispheric and international levels, as well as within the specialized agencies that deal with the world drug problem.

On the international level, those actions mean that Argentina should again take up the leading role that it has played throughout its history, stemming from the principles and values to which our country has always adhered. In our domestic and international activities, we promote a comprehensive approach, balanced between the dimensions of supply restriction — the fight against illicit drug trafficking — and demand reduction — prevention and care.

With regard to supply, we foster concerted actions in cooperation, training and exchange of information and intelligence, aimed at disrupting drug trafficking

chains; preventing the diversion of controlled substances and precursors from licit activities or through covert channels; and addressing other, related crimes, such as arms trafficking, corruption and money-laundering. If we fail to tackle the chain of financing, we will never finish our common task.

Turning to demand, we bear in mind that the ultimate goal is to put individuals at the centre of drug policies. We promote a shift in the central focus from the substance to the individual, as a subject of rights, while promoting social inclusion as a central element and an objective to be attained through public policies. Our perspective is based on attention to and the care, treatment and recovery of drug users, while promoting the elimination of attitudes of discrimination and stigmatization. The aforementioned approaches must, under all circumstances, be based on scientific evidence and contribute to the ultimate goal — the health and welfare of humankind and of persons.

Human rights — that is to say, the highest standards of physical and mental health recognized by international conventions — are an integral part of Argentina's position in confronting the world drug problem. In our national policies, we include the gender perspective, as well as specific approaches for vulnerable groups. And it could not be otherwise, because for Argentina, those values are possible only because of the calling to unity and togetherness, another of the axes of President Macri's Administration, which I mentioned at the beginning of my statement and which characterizes us as part of the international and regional systems committed to combating the world drug problem. This is the path that we must take as the State policy on human rights in connection to the world drug problem: to promote coexistence, eradicating prejudices, stigmatization and discrimination.

With regard to human rights, I want to also point out that in Argentina there is no death penalty, and we therefore strongly support the abolition of that punishment.

From the outset, Argentina participated in the work to convene this special session on the world drug problem. We have viewed the session as a unique opportunity to carry out an honest and sincere assessment of the advances and setbacks, achievements and failures, challenges and obstacles of current world drug policies. We recognize that a broad, fruitful and unrestricted debate has taken place. In that context, Argentina steadily participated in building consensus, which led to the adoption yesterday of the outcome document (resolution S-30/1, annex). We very much welcome the level of understanding reached and the consensus that human rights are an essential and indivisible element in addressing and solving the world drug problem. Consequently, we welcome the relevance accorded the issue not only in the outcome document, but throughout the whole negotiation process.

Our task is to work, through international cooperation, to achieve the complete implementation of the treaties for the international control of drugs, and to do so in full conformity with applicable human rights obligations. In so doing, we hope to promote protection and respect for human rights and the dignity of every individual in the context of programmes, strategies and policies related to the issue that brought us together today.

As stated at the start, we consider that the indispensable tool for confronting the world drug problem is international cooperation. We believe the outcome document embodies, above all, the possibility of implementing that cooperation in all aspects of the scourge that we now face. Ahead of us is the task of deepening international cooperation and strengthening national capacities. We must do so on the basis of a broad, balanced and multidisciplinary approach, reaffirming the principle of a common and shared responsibility and acknowledging that the global and cross-border implications of the phenomenon increase daily.

Since the beginning of the negotiations, we have affirmed that one of the principal results of the 2016 special session should be general consensus on access to and availability of controlled substances for medical and scientific purposes. We welcome the fact that the outcome document reflects that concern, in conformity with the United Nations drug-control conventions. That fact implies a strong commitment, which we must reinforce and complement while ensuring periodic reviews of the lists of controlled substances and essential medicines. That is the only way we will be able to achieve internationally coordinated lists, based on scientific evidence and geared towards the objectives of the conventions, which will thus support the respective national decisions on listing.

Taking what was agreed in the outcome document, we stress the need to strengthen national capacities to detect and identify new psychoactive substances and to

develop specific policies to face that problem. It was such substances that I mentioned with pain at the start of this statement. In the same sense, we must adopt measures aimed at reducing the use of the Internet for drug-related illicit purposes, including the promotion, illegal sale and trafficking of drugs.

Argentina emphasizes the need to continue to strengthen global and regional organs and political and technical organs specialized in the various aspects of the world drug problem. We call for strengthening joint work among relevant United Nations agencies that have direct or indirect competence in confronting the world drug problem.

Nearly two decades have passed since we held the last special session on the subject, in 1998. Perhaps the main lesson of this time is that we ought not to have waited so long to return to work on a problem that in no way exempts any country or region. This special session in 2016, and the time that will transpire until 2019 and beyond, afford an excellent opportunity to strengthen and multiply exponentially the cooperation and the work to developing drug policies based on science and scientific evidence, in the frontal attack against drug trafficking and, above all, with respect for human beings, without any distinctions, as the centre of such policies.

The Acting President: I now give the floor to His Excellency Mr. Mikheil Janelidze, Minister for Foreign Affairs of Georgia.

Mr. Janelidze (Georgia): At the outset, I would like to express my Government's appreciation for the convening of this special session, as it gives us a remarkable opportunity to recognize the progress achieved and to underline the need to further reinforce our collective efforts to address the world drug problem effectively.

We welcome the tangible results achieved in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. The intensification of efforts to effectively counter the world drug problem and to successfully achieve the Sustainable Development Goals are closely interconnected and mutually reinforcing. Regrettably, the international community is still facing obstacles in promoting societies free of drug abuse worldwide. Despite our concerted efforts, the world drug problem continues to present a challenge to the health, safety and well-being of people around the globe.

I would like to highlight some important developments that have taken place in Georgia to ensure effective policy-making and intervention in the context of combating drug abuse and other drug-related activities. The Government of Georgia fully acknowledges the significance of a comprehensive approach consistent with international law, the three international drug-control conventions and relevant international standards.

At the national level, the anti-drug strategy and the subsequent action plan represent an essential component of national efforts. The strategy was elaborated in line with human rights standards, based on an analysis of the situation of the country. It encompasses four main components: reducing demand and harm, reducing supply, monitoring the drug situation in the country, and coordinating intergovernmental activities and fostering cooperation with international and non-governmental organizations.

Georgia has taken several institutional steps to that end. Since November 2011, anti-drug policy development and coordination, as well as revision and monitoring of the implementation of the strategy and action plan, have been conducted by the Inter-Agency Coordinating Council on Combating Drug Abuse. The National Drug Monitoring Centre, created in 2015, is an effective mechanism for collecting and analysing information on the drug situation in Georgia, introducing evidence-based scientific and practical methodologies.

As a part of a comprehensive and balanced approach, the criminal code was amended in 2015 to distinguish between criminal liability for the possession and for the distribution of drugs. The penalty for drug possession has been reduced, while in practice, sanctions other than imprisonment have been used in the majority of cases of drug possession. Georgia has also developed an integrated national mechanism for early intervention, treatment, rehabilitation and social reintegration. An important step in reducing drug-related mortality was the removal of the restraint factor for patients in dealing with an emergency, namely, that medical personnel are no longer obliged to inform law-enforcement bodies in cases of overdose. Since 2014, the substitution treatment programme has been made available to persons open to treatment.

Recently the country has endorsed the updated national strategy on HIV for 2016-2018, highlighting the main direction of the national efforts against HIV/AIDS aimed at stabilizing the HIV epidemic by 2020 and eliminating it by 2030. The Government is carrying out an unprecedented hepatitis C elimination programme. Patients are provided with the necessary tests for prediagnostic and treatment monitoring purposes and the latest drugs for the treatment of hepatitis C. As a secondary prevention initiative, social enterprises have been created for the employment of former drug addicts, providing rehabilitation opportunities through work and thereby facilitating social integration.

Under the national drug strategy, concrete steps are envisaged for primary prevention through educating the public and raising awareness. In 2014 a wide-scale anti-drug awareness campaign was launched to increase awareness of the risks of drug abuse and to promote a healthy lifestyle among the population. The challenges before us underline the need for a coordinated response through greater cooperation and partnership. Georgia is committed to further cooperating with the entire international community and the United Nations agencies in order to successfully counter the problems resulting from drug abuse.

The Acting President: I now give the floor to His Excellency Mr. Rahmani Fazli, Minister of the Interior of the Islamic Republic of Iran.

Mr. Fazli (Islamic Republic of Iran) (*spoke in Farsi; English interpretation provided by the delegation*): The Islamic Republic of Iran is one of the few countries that has sustained huge losses in life and property, yet still has managed to deprive the merchants of death of the bulk of their illicit drugs, thereby protecting a part of the global community from the evil of addiction.

As part of its broad-based campaign, the Islamic Republic of Iran has dedicated more than 3,800 martyrs and 12,000 wounded persons in the course of its relentless campaign against illicit drugs, fighting against regional and transregional armed drug traffickers. It has spent billions of dollars equipping its border areas and creating physical barriers along the border to block drug flows into the country, as well as countering the flow of drugs towards other countries. In that way, more than 80 per cent of the world's opium and approximately 40 per cent of the world's heroin and morphine are seized in Iran on an average basis. Approximately 620 tons of different types of drugs were seized in Iran in 2015.

Meanwhile, in order to implement the guidelines established by the Leader of the Islamic Republic of Iran, which attach special significance to the issue of narcotic drugs and addiction as the top priority of the country's social-harm-reduction programme, drug demand reduction programmes — including for prevention, treatment, harm reduction, rehabilitation and social reintegration — have been decisively implemented within the framework of a balanced strategy to reduce supply and demand.

These are some of the country's achievements. We provide 40 per cent coverage for the country's population in prevention programmes targeting families, educational settings, work places and communities. We have achieved 40 per cent voluntary referral of addicts and drug users to harm-reduction centres and treatment clinics, which is one of the highest figures in the world. President Rouhani's Administration adopted a community-based approach that promotes hope and prudence and calls for maximum public participation. In line with that, more than 85 per cent of the programmes for drug demand reduction, involving prevention, treatment, harm reduction and social supports, have been implemented by non-governmental organizations and the private sector.

A new approach has been adopted to protect recovered addicts, as well as those addicts undergoing treatment, through providing medical insurance, post-treatment services, vocational training and employment. There is also an approach that seeks to reduce the prison inmate population by implementing alternative punishment plans for drug-related offenders and providing harm reduction and treatment services in prisons. Moreover, there has been a 60 per cent reduction in HIV transmissions among intravenous drug user through developing harm-reduction interventions.

The Islamic Republic of Iran is of the view that in adopting a balanced and comprehensive strategy for demand and supply reduction at the national, regional and international levels, in expanding regional and international cooperation — particularly the true realization of the principle of collective and international shared responsibility without political considerations — and in refraining from putting forth unnecessary topics in the course of collective decision-making, we will witness the results of the

global campaign against illicit drugs in the not-so-distant future.

The Islamic Republic of Iran, as a country on the front line of countering illicit drugs, is of the view that the three international drug-control conventions must be maintained as the cornerstone of the international drug-control system, due to their comprehensive and flexible nature. Meanwhile, the Commission on Narcotic Drugs, the main United Nations policy-making body in drug-related issues, must be supported. The Islamic Republic of Iran also supports the determining role of the International Narcotics Control Board in facilitating licit access to sedative drugs and fulfilling scientific needs. The United Nations Office on Drugs and Crime (UNODC) as an executive body of the United Nations must be strengthened.

The Islamic Republic of Iran believes that the strategy for sustainable development can greatly undermine the scourge of narcotics, provided that special significance is attached to alternative livelihoods aimed at reducing dependence on drug trafficking, drug production and drug-related offences. That necessitates countering illicit cultivation and destroying illicit crops, accompanied by the global community's participation, for the realization of alternative development programmes in regions susceptible to drug cultivation, trafficking in narcotics or drug addiction.

Within the framework of a balanced and integrated strategy, I wish to voice the readiness of the Islamic Republic of Iran to host an international conference on countering narcotic drugs and drug-related crimes along the Balkan route. The conference, in collaboration with UNODC and countries situated along the transit route, will examine means to enhance cooperation in combating drug-related money-laundering along that route, which is estimated at approximately $30 billion, as well as the possibility of conducting controlled delivery operations, detecting drug-trafficking ringleaders, seizing drug convoys and sharing experiences.

Since 2019 has been set as the year for the realization of the global community's objectives, the Islamic Republic of Iran presents the following proposals to be included in the agenda of the future meeting: adoption of a community-based approach and a plan for the protection of recovered addicts, addicts under treatment and their families as a successful measure; the need to examine methods for boosting retention among recovered addicts; the necessity of adopting new methods for effective detection of drug-related crimes through developing regional and international cooperation; the need to implement the international community's commitment concerning equipment and technical assistance to transit countries; the need for the international community to focus on containing the problem of drugs at the point of origin and in production zones through the implementation of alternative development, with priority given to security and sustainable development based on the principle of shared responsibility.

In that regard, I wish to once again express my country's readiness to implement the agreements reached among the Islamic Republic of Iran, the Islamic Republic of Afghanistan and UNODC on conducting a pilot project on alternative development in one of the provinces of Afghanistan, with the participation of the international community.

In conclusion, I hope that the special session on the world drug problem, while taking into account the achievements and challenges in this area, will prepare ground conducive to the realization of the goals set by the Political Declaration and the Plan of Action, based on full respect for the sovereignty, territorial integrity and non-interference in the internal affairs of States and the principle of equality by fulfilling the collective will and enabling the international community's participation in countering the world drug problem.

The Acting President: I now give the floor to His Excellency Mr. Michael Farrugia, Minister for the Family and Social Solidarity of the Republic of Malta.

Mr. Farrugia (Malta): It is indeed an honour for me to have the opportunity to share with the Assembly our experience with drug control and the resolutions we have adopted in our fight against the misuse of narcotic drugs.

Why do people become addicted to drugs, or to anything else for that matter? Is it because of a lack of willpower or a lack of moral principles? Is it because they get kicks from addiction? Maybe, but in reality it is more complex. We are dealing with a complex disease where quitting takes more than good intentions or a strong will. Drugs change the brain in a way that fosters compulsive drug abuse. Is quitting easy? Not really. Not even for those who are ready to do so. It is a big challenge that requires lots of willpower and where failure is possible.

Unfortunately, relapsing is too common. It takes patience and perseverance to get a drug addict back on his feet. For that reason, victims need help, support and evidence-based treatments to help them overcome this disease. Drug abuse and addiction have negative consequences for both the individual and society. Through scientific advances, we know more about how drugs work on the brain. We also know that drug addiction can be successfully treated, thereby aiding people to stop abusing drugs and lead productive lives.

We strongly believe that to beat this cruel vice, genuine victims of drugs need help — not court sentencing. Under the proposed law on drug decriminalization, published on 7 July 2014 in Malta, drug users no longer face a court sentence, but instead appear in front of a justice commissioner and, if deemed necessary, a social board made up of experts. Repeat offenders will be referred to a drug offenders rehabilitation board, presently headed by a former European Court of Human Rights judge. The board has the authority to impose mandatory rehabilitation orders. The focus is more on rehabilitation and care.

As of this year, anyone who is found in possession of up to 2 grams of heroin, cocaine or 2 pills of ecstasy or any similar substance will be subject only to a fine. It will be the same for the possession of 3.5 or less grams of cannabis. We have a very clear distinction between social users, street traffickers and drug barons. There is no room for trafficking or barons — they deserve to be treated for what they are and sentenced accordingly. Definitely, I am not taking about the death penalty. It is rather regrettable that no mention was made in regard to the abolition of the death sentence in the outcome document (resolution S-30/1, annex).

In harm reduction, we are focusing on present needs to prepare for the future: addressing different human dimensions, including the physical, socio-legal, psychological and mental aspects; and seeking the true and primary needs of persons suffering from serious drug-related problems through active, interdependent communication with service users. We are working on the following programmes.

First, for 20 years we have been distributing free syringes to drug users as a harm-reduction measure. We have had positive results, with only four cases of HIV, 15 cases of hepatitis C and one case of hepatitis B resulting from the sharing of needles.

Secondly, we offer free rehabilitation programmes in various Government agencies, and we fund other rehabilitation programmes through service agreements with appointed non-governmental organizations. Services are also offered free for all types of other addictions. In the coming months, we are introducing for the first time in Malta the rehabilitation of minors and adults who suffer from dual diagnoses, who, although free from drugs, are not able to live without substitute medicine.

Thirdly, we are dealing with victims, family and their immediate surroundings in a holistic way, with great emphasis on preparation for post-rehabilitation coupled with an intensive approach to aftercare. Furthermore, we developed an anti-poverty strategy within our community centres, as we understand that many drug addicts end up losing their job, which results in their being homeless. With the help of multidisciplinary teams and under the supervision of a social mentor, we have specialized, supported employment where recovering addicts will be given training and skill-building and the help of a job coach to help them reintegrate into the workforce.

We have recently introduced a residential halfway programme by which we subsidize the rent for the first three years, with 65 per cent for the first year, 50 per cent for the second year and 25 per cent for the third and final year, with the hope of these vulnerable persons making a 180-degree turn in their lives — from being a burden on our welfare and health system to being contributors towards our economy.

The Acting President: I now give the floor to Her Excellency Ms. Kamina Johnson Smith, Minister for Foreign Affairs and Foreign Trade of Jamaica.

Ms. Smith (Jamaica): Jamaica welcomes the convening of this special session. We appreciate the opportunity to share and work with the international community as we evaluate our efforts to date.

The current realities of the world drug problem compel us to formulate dynamic policy responses that complement our development objectives, while adhering to the rule of law. There is a pressing need to develop and implement balanced, multidimensional and innovative strategies. Given the grave threat that illicit drugs and transnational organized crime pose to our national security, Jamaica has undertaken targeted efforts to address the root causes of these problems. We are finalizing a five-year national

drug plan and designing comprehensive demand-reduction programmes in the areas of prevention, early intervention, treatment, rehabilitation and social reintegration. We have strengthened our laws to dismantle criminal organizations, prevent money-laundering and combat human trafficking.

In developing policies to address the world drug problem, we are cognizant that one size does not fit all. In Jamaica, cannabis has traditionally been used as a folk medicine and as a religious sacrament by practitioners of our indigenous faith, Rastafari. Such specific uses are not associated with illicit large-scale cultivation for trade. Last year, Jamaica amended its Dangerous Drugs Act. In doing so we also did several things. We decriminalized the possession of less than two ounces of cannabis, making it a ticketable offence rather than a felony offence. We created a legal regime governing the sacramental use of cannabis by Rastafarians We established provisions for the medical, scientific and therapeutic uses of the plant; and we established a State authority to license, regulate and monitor the allowed uses.

While adhering to our obligations under the drug-control conventions, we maintain that countries should be allowed the flexibility to craft appropriate laws and policies that take account of other important elements. Those include differing cultural perspectives and practices, as well as the consideration of the health, well-being, human rights, human development and security of our citizens.

We contend that the classification of cannabis under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol is an anomaly and that the medical value of a substance must be determined by science and evidence-based analysis above other considerations. We will continue to abide by our international obligations, even as we work in close collaboration with the international community on designing balanced and innovative strategies to better address the world drug problem in all its dimensions.

With regard to the follow-up to this special session, Jamaica reiterates its call for the establishment of a mechanism to review the global drug-control architecture and make recommendations for the consideration of Member States on how best to recalibrate the world drug problem and the global response.

We reaffirm our common and shared responsibility to address the world drug problem. We emphasize the need to ensure system-wide coherence and enhanced collaboration between the Commission on Narcotic Drugs and other relevant agencies, including the International Narcotics Control Board, the World Health Organization, the Human Rights Council and the United Nations Development Programme.

We must move forward to make meaningful and effective progress in addressing the world drug problem. We must place health and human development at the centre of the process. We owe it to the current generation, in particular to our young people. We owe it to future generations. Let us not let them down.

The Acting President: I now give the floor to Ms. Marlene Mortler, Federal Government Drug Commissioner of the Federal Republic of Germany.

Ms. Mortler (Germany) (*spoke in German; English interpretation provided by the delegation*): Millions of people around the world are suffering from poverty, crime and violence. While drugs are not the only reason to blame for their plight, they do have an appalling part to play.

What do we have to show for the international drug policy of recent decades? Can we continue on our current course?

Of course, we need effective law enforcement to control drug trafficking, money laundering and corruption — in fact, our agencies must be even better connected and coordinated internationally. We are on common ground in that regard. However, law enforcement alone will never be able to resolve the drugs issue. Instead, drug policy must put people and public health first.

Dependency is no moral failing; it is a disease — a disease that can be treated with good outcomes and, what is more, in line with human rights. Prevention, counselling, harm reduction and substitution treatment — that approach has an excellent track record in Europe. The success is obvious, namely, lower crime rates and fewer cases of HIV and hepatitis.

For drug policy to match the reality on the ground, it must provide for sentences that are reasonable. At Headquarters in New York, let us agree to only punish drug offences in line with the rule of proportionality. Indeed, let us go one step further and make it clear that the death penalty can never be a tool of human-rights-based drug policy.

Prevention, harm reduction and treatment efforts that are people-centred — those are the pillars of drug policy. Another is the prosecution of criminal networks. Yet I am convinced that our drug policy needs another cornerstone: an effective policy for alternative development strategies. People whose existence and livelihoods depend uupon growing drug crops need real, actual alternatives. They need financial support. They need help to help themselves. Therefore, Germany has set up a new programme called the Global Partnership on Drug Policies and Development. We are going to introduce it to delegations at Headquarters in New York.

Drugs destroy lives, ruin families, erode social structures and corrupt entire countries. That must change. Let us finally make human health the focus of our attention.

The Acting President: I now give the floor to His Excellency Martin van Rijn, Minister of Health, Welfare and Sport of the Kingdom of the Netherlands.

Mr. Van Rijn (Netherlands): It is an honour to address this special session of the General Assembly on behalf of the Kingdom of the Netherlands.

Holding the presidency of the European Union, the Netherlands fully aligns itself with the statement delivered by European Commissioner Mimica on behalf of the European Union and its member States yesterday (see A/S-30/PV.1).

I believe that this special session on the world drug problem is a unique opportunity to reflect on the goals and targets we committed to in 2009 and to take stock of the progress we have made to date. However, we also have the responsibility to look ahead towards 2019 and 2030.

Today, like every day, we will see the birth of more than 200,000 children into this world, 200,000 children that depend on us. I believe we have the obligation to let them grow up and develop in a safe and healthy environment without the threat of drug abuse and drug-related crime affecting their well-being. However, I also strongly believe that children that are not as fortunate should at least have an opportunity to receive appropriate treatment and care without prejudice and without disproportionate punishment.

Let us look forward. Let me share with the Assembly the elements of drug policies that we believe are key to get to the result we want at the international and national levels, elements that the Netherlands and many other countries have already had positive experiences with and that we should take advantage of.

During recent years, global drug policy has showed a steady transition towards a more balanced approach as compared to a repressive approach that was dominant for decades. It is important to emphasize that it is not a matter of choosing between approaches, but of combining them in the best and most effective way. There is no such thing as a one-size-fits-all solution. Each country should find a balanced approach that suits its specific local challenges and circumstances. This is entirely consistent with the international drug conventions, as Minister Sipp from the International Narcotics Control Board stated yesterday so very clearly. The conventions provide States with the flexibility to adopt measures, such as treatment and rehabilitation, as an alternative or in addition to criminal sanctions for offenders.

A balanced approach towards drug policies also means discussing a wide-ranging public health-based approach. Focusing on the rights and needs of drug users is very effective. Through evidence-based prevention programmes fewer people will start using drugs; by developing new treatment programmes we are better capable to treat addictions; and by providing risk and harm-reduction interventions we are better able to prevent the spread of infectious diseases among users, but also to protect our general population. It is 2016, and it is time to recognize that risk- and harm-reduction measures are not only a proven effective way to prevent more HIV/AIDS infections, but also to protect our societies. Let us embrace such interventions.

Therefore, I am very pleased that in the outcome document (resolution S-30/1, annex) we strongly call for enhanced involvement by the World Health Organization (WHO) in international drug policy. I am sincerely grateful to Dr. Chan, who spoke here yesterday and stressed the urgency of this issue, and her commitment to a strengthened role for WHO in the years to come. Her words make me confident that, with the help of WHO and other United Nations institutions, today is the first step towards an ambitious agenda for 2019 where harm reduction, prevention and treatment are at the centre of our attention.

At the same time we need to continue to pursue our efforts in tackling transnational organized crime and drug trafficking. We should focus on the

implementation of effective law-enforcement policies and cooperation to address production, manufacturing and the trafficking of illicit drugs, including money-laundering and corruption. Resources are limited; we need to spend them where they are most effective. Therefore, I believe that we should not focus too much on drug users and minor, non-violent offences related to drug use. Organized crime is a much bigger threat.

Secondly, I would like to underline the importance of evidence-based drug policymaking. If we really want to live up to the ambition of having a sound evidence-based approach on drug policy, we need to move away from unrealistic and ideological ambitions. We need to continue together to build such an evidence base to keep improving our interventions. Sometimes interventions work, sometimes they do not. That is the way evidence is established: with trial and error, with monitoring, with evaluation and by sharing best practices. Let us learn from our successes and our failures.

I would like to underline that the death penalty is not an evidenced-based intervention. The Netherlands opposes the application of the death penalty in all circumstances and without exception. The same clear signal was expressed yesterday by the observer of the EU, its member States and 28 other like-minded countries after the adoption of the outcome document. It is crucial, when addressing the world drug problem, to apply the principle of proportionate sentencing for drug-related offences. We need to prevent overcrowded prisons and all the negative health consequences related to them. I would like to invite all parties to consider alternative measures to conviction or punishment for drug-related, nonviolent offences of a minor nature.

Finally, I welcome the emphasis placed on the outcomes of this special session ensuring the availability and affordability of controlled medicines for medicinal and scientific purposes. That is a very urgent matter. An overly strict interpretation of the United Nations conventions, complex import and export rules and a fear of addiction mean that some important medications are unavailable in hospitals in developing countries. That is unacceptable. I therefore call on parties present in this Hall to live up to these words on paper and ensure quick and thorough implementation.

We look forward to an open and meaningful discussion towards 2019 and beyond.

The Acting President: I now give the floor to His Excellency Mr. Sagala Ratnayake, Minister of Law and Order and Southern Development of the Democratic Socialist Republic of Sri Lanka.

Mr. Ratnayake (Sri Lanka): At the outset, I would like to thank the President for convening this special session dedicated to one of the most relevant contemporary issues, the world drug problem. I extend my warmest greetings to the President and the members of the Bureau, as well as to all representatives gathered in this Hall with the courageous commitment to fight the drug menace to eradicate it from our societies.

The Government of the Democratic Socialist Republic of Sri Lanka is conscious of the illicit production, trafficking and abuse of drugs in the country; the adverse effects of drug use on the health of drug dependents; the upsurge in drug-related crime; the draining of human, natural and financial resources; and the destruction of individuals, families and communities due to drug use.

Furthermore, the Government is fully conscious of its international obligations, in particular those flowing from the Single Convention on Narcotics Drugs of 1961, the Convention on Psychotropic Substances of 1971 and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, all ratified by our Government. Sri Lanka also steered the negotiations on the South Asian Association for Regional Cooperation (SAARC) Convention on Narcotic Drugs and Psychotropic Substances and is a party to the SAARC Convention.

The Government reaffirms its political will and determination to tackle the drug problem locally and assist in this cause internationally by reviewing the existing national policy, which was formulated more than a decade ago. All institutions that come under the Government's purview will be required to adhere to this national policy. The non-governmental agencies concerned are expected to be active partners in the implementation of the Government policy. The fulfilment of the social responsibilities of private-sector institutions within the framework of the policy is also critical to drug prevention and control.

The overall goal of the Government in relation to the drug problem is an ambitious one: to reduce the drug supply and drug use to minimum levels by 2020. This goal will be pursued relentlessly by all drug law enforcement agencies and the Government agencies

directly involved in drug-demand reduction, including provincial and local administrations and other agencies that have a potential for contributing to the end objective along with non-governmental organizations (NGOs) and private-sector agencies.

The Government will adopt a broader approach to drug abuse control within the context of human development, focusing particularly on the links among drug abuse, poverty reduction, crime prevention and improving health. The Government believes that the most effective approach to the drug problem would comprise a comprehensive, balanced and coordinated strategy. In such a strategy, supply control and demand reduction will reinforce each other. A high sense of shared responsibility will be the norm.

Government institutions, NGOs, and private-sector and other agencies will be involved in implementing drug-control strategies that include effective enforcement of laws against production, smuggling, trafficking, the sale and use of illicit drugs; effective enforcement of controlled imports, exports, the distribution of drugs and precursor chemicals under control; the prevention of the use of drugs and the reduction of the adverse consequences of drug abuse; and support for regional and international initiatives related to drug-abuse prevention and control.

The Precursor Control Authority of Sri Lanka controls 23 identified precursor chemicals that make an immense contribution to economic development. It prevents the illegitimate production of psychotropic substances from those chemicals. The Precursor Control Authority monitors the import, transport, distribution, storage and use of precursor chemicals and supervises the premises where such activities are performed.

In addition, our concern has extended to reducing abuse of prescribed drugs and over-the-counter medications, which has been identified as an emerging issue.

The Sri Lanka Government's determination in law enforcement was recently highlighted by the detection of 110 kilograms of heroin trafficked by sea, where nationals from several countries were involved.

The Government of Sri Lanka has taken initial steps to establish a centre for sharing intelligence on drug trafficking in order to empower national institutions to be able to disseminate accurate information in the South Asian and South-East Asian regions.

Furthermore, the Government provides treatment and rehabilitation services to those who abuse drugs, using accepted screening and assessment methodologies implemented by the Government and non-governmental and private institutions in the country. We have adopted the requisite legislation on the treatment of drug offenders, which, inter alia, empowers our judicial authorities to prescribe treatment to offenders in State or recognized private institutions in lieu of punishment.

The Government works towards its aim of reducing and totally eliminating substances through effective analysis of social and scientific research on narcotics and psychotropic substances using evidence-based practices. Outreach services, aftercare and rehabilitation services necessary for effective treatment interventions are provided throughout the country, especially with a focus on clients, who are away from residential treatment programmes.

Sri Lanka highlights the need of using medical and psychological treatment and ensuring the welfare of specially identified social groups, such as children, women and youth, who are affected by the negative consequences of substance abuse.

In conclusion, I wish to assure the Assembly that Sri Lanka stands committed to extend its fullest cooperation to all international efforts to combat the world drug problem, a problem that has no borders and threatens to destabilize all of our societies.

The Acting President: I now give the floor to His Excellency Mr. Svatopluk Němeček, Minister of Health of the Czech Republic.

Mr. Němeček (Czech Republic): I thank you, Sir, for giving me this opportunity to address this historic meeting on behalf of the Czech Republic. It is an honour for me and my country, which fully aligns with the statement delivered on behalf of the European Union (see A/S-30/PV.1).

We have gathered here because of the deep concerns with regard our ability to achieve that which we committed to in 2009. At the same time, we are gathered at a time when overwhelming scientific evidence on our progress in terms of the global drug problem is available. Let me briefly draw the Assembly's attention to the report of the Johns Hopkins-Lancet Commission on Drug Policy and Health, whicht was published very recently. As many of those present know, *The Lancet* is one of the two most prestigious scientific medical

journals worldwide. The report conclusively shows that the international drug policy, as we have known it, has failed dramatically. Intended to protect people, but based on prohibition and criminalization, our efforts have had detrimental effects on public health and public security. The war on drugs has fuelled an epidemic of infections, particularly HIV, viral hepatitis and tuberculosis, and an epidemic of fatal overdoses in people who use drugs. The enforcement of drug prohibition exacerbates all of those risks, affecting not only drug users but all citizens. That is also true with regard to the de facto prohibition of controlled medicines for most of the global population, in particular medical opioids and medical cannabis.

If we do not admit our failures, we are doomed to fail again. We deeply regret that a denial of evidence prevailed in several parts of the outcome document (resolution S-30/1, annex) . It is a paradox that some of those worst-hit by the harms related to drug policies have proved to be the fiercest deniers.

The Czech Republic endorses the outcome document of this special session because we strongly believe it is not the end of the debate, but only the start. If we want to maintain the global drug regulation regime, then we will have to continue the discussion without interruption and persist in our efforts to find very concrete measures between now and 2019.

Therefore, the Czech Republic fully supports the call of the European Union to enhance coordination among the United Nations Office on Drugs and Crime and other United Nations entities, especially the World Health Organization, the International Narcotics Control Board, the Joint United Nations Programme on HIV/AIDS and the Office of the United Nations High Commissioner for Human Rights. We also want to further enhance the quality of scientific monitoring of the drug situation and to strengthen the involvement of non-governmental organizations. The Czech Republic can and will use its own experience to demonstrate the public-health and public-security benefits of a human-rights oriented drug policy based on open discussion and scientific evidence. We strongly believe that human drug policies should care for humans first of all, not for drugs.

The Acting President: I now give the floor to Her Excellency Ms. María Esther Reus González, Minister of Justice of Cuba.

Ms. Reus González (Cuba) (*spoke in Spanish*): We have all come to this special session with high expectations and the desire to strengthen international cooperation to effectively counter the dreadful world drug problem, which, far from decreasing, is getting worse and growing. How not to be worried, when we have failed to reduce drug demand, production and trafficking, as required under the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem of 2009? How not to be worried, knowing that at least 246 million people consume illicit drugs, according to estimates of the United Nations Office on Drugs and Crime?

The scourge of drugs extends to all geographic regions. It generates and perpetuates cycles of poverty, violence, various criminal behaviours, social exclusion and impaired health situations. It will be very difficult to solve the problems associated with mass production and trafficking in drugs from the South if the majority demand from the North is not eliminated. Today, more than ever, it is important to recognize and implement the principle of common and shared responsibility. This scourge is not going to be solved in all its aspects if countries continue to be militarized — attacking peasants, disrespecting national sovereignty and disregarding the specificities of each region.

The scourge will not be solved either through the legalization of drugs or addressing them as harmless substances. To consider this as a solution could involve accepting that States cannot or will not fulfil their obligations to combat crime and protect the health of their citizens. That is why Cuba does not favour such an approach. It opens dangerous gaps in the stability of our nations and can affect other equally complex transnational crimes.

It is unfair to make generalizations and maintain that the tough approach on drugs is responsible for the current magnitude of this scourge. More in-depth analysis is required, including with respect to how anti-drug policies have been interpreted and implemented in some countries and regions.

It is also necessary to tackle the root causes of the problem without forgetting, in that context, the impact of an unjust, egocentric and inequitable international order, and of a globally imposed political, economic and social model in which the corrupting power of those who seek profit at all costs prevails. Those factors

are the essential breeding ground of the drug problem and other related scourges.

There are experiences that demonstrate that, when comprehensive preventive educational policies are developed, implemented and led by the State, it is possible to effectively combat drugs. Social inclusion, community participation, universal access to treatment and rehabilitation, without discrimination of any kind, complemented by a tough stance on crime and broad international cooperation, add to that possibility. By upholding those principles and with great effort, our country has managed to prevent the production, trafficking and use of illicit substances from becoming a significant social problem.

Likewise, we have prevented our country from becoming a platform for drug trafficking and related crimes. The Cuban revolution, although without abundant resources and under a harsh economic, commercial and financial blockade, has been successful in dealing with drugs because of the strong political will of the Government and the support of the people.

This is the time to reaffirm the political commitment of States and other actors to the international legal framework for drug control, of which the three United Nations conventions on drugs are the cornerstone. We reiterate our support for resolution S-30/1, which is a reflection of a fitting global consensus, and reaffirm our commitment to the statements on drugs made by the leaders of Community of Latin American and Caribbean States.

I will conclude my statement by reiterating Cuba's absolute commitment to achieving societies free of illicit drugs, which is vital to achieving sustainable development and the well-being of our peoples.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Lejeune Mbella Mbella, Minister for External Relations of the Republic of Cameroon.

Mr. Mbella Mbella (Cameroon) (*spoke in French*): Cameroon welcomes the convening of this special session on the world drug problem, which continues to pose a serious threat to the health, safety and welfare of all humankind.

I warmly congratulate Mr. Lykketoft and the other members of the Bureau on their election, and I wish them every success in the conduct of our work.

On this occasion, I would also like to pay tribute to the Commission on Narcotic Drugs and the Executive Director of the United Nations Office on Drugs and Crime (UNODC) for their preparatory work, which should enable us to consider at this session the progress made in the implementation of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, which are two relevant texts adopted in March 2009.

To date and in the light of those documents, progress has certainly been made, but it is clear that many obstacles remain to be overcome, in particular the problem of reducing supply and demand, which is both the main cause and consequence of the world drug problem. Its impact in the areas of health, human rights, economy, justice and security is a serious concern for our States.

Cameroon, like most countries, is faced with the ever-expanding phenomenon of drug production, trafficking and drug consumption, with young people, unfortunately, as the foremost victims. Over 15,000 young people aged between 15 and 25 are regular users of cannabis. My country has reacted strongly to that situation. It is party to the Single Convention on Narcotic Drugs of 1961, the Convention on Psychotropic Substances of 1971, and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988, as well as to almost all relevant international instruments that constitute the foundation of the international drug-control regime, reaffirmed by the outcome document for this session (resolution S-30/1, annex).

In addition, Cameroon has adopted a multisectoral national strategy focusing on awareness-raising and community mobilization to prevent drug addiction, centred on, among others, measures such as the organization of workshops to raise awareness and build capacity among community leaders, with the greater involvement and participation of civil society, including associations and non-governmental organizations and public and private media; the development of materials to raise awareness about the prevention of and fight against addiction; the organization and holding of educational talks; the projection of films and documentaries that focus primarily on the most vulnerable people; and the introduction of thematic programmes on the fight against drugs into curriculums. Moreover, in the area of institutions, a prevention centre was established within

the National Committee for the Fight against Drugs with the main objective of reducing the consumption of new drugs.

Aware that this is not merely a criminal issue but also a public-health issue, Cameroonian authorities place special emphasis on both prevention and care, on the treatment and management of affected persons, on addiction within families, and on hospitals and health centres. In that regard, the Minister of Public Health signed a decree in April 2015 on the establishment, organization and functioning of centres for health, support and addiction prevention. Consultation meetings are also held between different ministries and agencies involved in the fight against drugs and the strengthening of law and public authority, under the coordination of the National Committee for the Fight against Drugs. The installation of drug-control devices in the two main international airports in Cameroon has also improved oversight of this scourge and reflects my Government's resolve to effectively combat the drug phenomenon.

We cannot say it enough: the extent and severity of the problems posed by drugs attest to their cross-cutting nature. They are global problems that affect every continent and every country, and are currently being compounded by their links to terrorism and organized crime, as evidenced by the frequent use of drugs by the members of such groups, especially the suicide bombers of the terrorist group Boko Haram, against which my country is waging a fierce fight. For that reason, a global response is required. International cooperation is therefore no longer an option, but a priority need that requires technical and financial assistance, as well as the strengthening of the capacities of those countries that request it, in accordance with the principle of common and shared responsibility, in order to address the drug problem.

The fight against this phenomenon can be successful only through concerted efforts at the local, national, regional and international levels, and through the sharing of experiences and good practices.

Mr. Abdrakhmanov (Kazakhstan), Vice-President, took the Chair.

In that regard, Cameroon wishes to reaffirm its commitment to continue strengthening its prevention and management measures in order to address the world drug problem, and to work together with all countries and partners, such as UNODC and the African Union, in order to find lasting solutions to this problem. In that spirit, Cameroon would suggest, in follow-up to this special session, that a subregional meeting of the countries of the Economic Community of Central African States be held on the fight against drugs, with the support of the United Nations.

We welcome the consensual adoption of the document entitled "Our joint commitment to effectively addressing and countering the world drug problem" (resolution S-30/1, annex). This new instrument will contribute greatly to our common struggle against this global scourge.

The Acting President: I now give the floor to Her Excellency, Ms. Hannah Serwaa Tetteh, Minister for Foreign Affairs and Regional Integration of the Republic of Ghana.

Ms. Tetteh (Ghana): I bring the General Assembly the warm greetings of His Excellency Mr. John Dramani Mahama, President of the Republic of Ghana, as well as of the people of Ghana. It is an honour to speak on behalf of the Government of Ghana and to join other delegations in expressing Ghana's endorsement of and support for the outcome document (resolution S-30/1, annex) adopted at the beginning of this special session of the General Assembly on the world drug problem. While the document expresses our joint commitment to effectively address and counter the world drug problem, it also provides the basis for our continued engagement in the years ahead to effectively tackle the major challenges that still persist around the globe.

For Ghana, this special session offers two possibilities. First, it provides a space to rethink global drug-control strategies. Secondly, it provides a space to build upon and strengthen those approaches to drug policy set out in the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem that have proved workable.

The negotiation and development of the outcome document was a very constructive process, which helped to establish the important relationships among contemporary drug policy and public health, criminal justice and development as well as human rights, which are all vital elements in forging an integrated and balanced strategy to combat the world drug problem.

As one of the outcomes of this review process, Ghana would like to see flexibility in implementing any

international drug policy not be treated as an encrypted synonym for unprincipled laissez-faire. Flexibility must be seen as a core part of a process of collective drug policy development within the United Nations. Such collective development must also be based on a more detailed and holistic analysis of what Member States and other stakeholders see as workable in drug policy governance and interventions. In other words, flexibility must be based on principled pluralism.

Ghana, like many other countries in sub-Saharan Africa, is also concerned about inadequate opioid access for palliative care. It is estimated that nearly 90 per cent of cancer and AIDS patients in Ghana cannot be treated adequately with the current level of morphine supply. We call on Member States and civil-society organizations to partner with us to integrate effective pain relief and palliative care into public health systems in order to ensure access to controlled drugs for medical and scientific purposes while preventing diversion.

The Government of Ghana is committed to ensuring that people who are dependent on drugs are subjected to the public health system and not the criminal justice system. They need public health support, not criminal measures. It is important to integrate public health and human rights approaches to drug control. We have to ensure an increase in resource allocation for health- and human-rights-based policies in drug control.

In line with that approach, Ghana advocates the development of a system-wide policy on the protection of human rights in drug-related programming by the United Nations system Task Force on Transnational Organized Crime and Drug Trafficking. We believe that this will naturally lead to the building upon, and operationalization of, existing United Nations human rights due diligence and policy.

It is our hope that this special session will build on current discussions on drug-control indicators under Sustainable Development Goal 3.5 and the Inter-Agency and Expert Group on Sustainable Development Goal Indicators. In that regard, we urge the United Nations Statistical Commission to develop new pro-development metrics to help prepare the next political declaration.

We also call for the establishment of a high-level independent expert commission, supported by the World Health Organization, to analyse the state of global access to controlled medicines and to advise on measures to improve it. The development of coherent United Nations system-wide guidance on the programming of treatment of drug use disorders for application across United Nations programming is also worthy of consideration at this session.

We would support the establishment of an appropriate forum to encourage Member States, international organizations, academia and civil society to share robust scientific evidence about the wide range of drug control criminal justice response policy interventions and their outcomes. That should inform the adoption of any new political declaration and plan of action in 2019.

Finally, this special session should establish an open working group on drug policy to prepare measurable global drug policy goals for adoption in 2019. We believe that the working group should be based in New York, work in the period leading up to 2019 and present its proposals to the General Assembly. The report of the working group should be replete with guidance on the protection of human rights in the war against drugs.

In conclusion, Ghana looks forward to continuing efforts to improve the quality and the depth of the dialogue that has been generated so that, in rebalancing international policy on drugs, greater emphasis is placed on health and human rights, including treatment, care and harm and risk reduction.

The Acting President: I now give the floor to Mr. Kossi Baoumodom Amayi, Executive Secretary of the National Anti-Drug Commission of the Togolese Republic.

Mr. Amayi (Togo) (*spoke in French*): First of all, allow me to express my gratitude for this opportunity to share with the General Assembly the multifaceted actions taken by my country, Togo, in the fight against drugs. Although drugs and drug abuse have existed for centuries, I believe that all would agree that it has been only within the past 50 years that the international community has effectively and resolutely committed to combating that scourge through the adoption of a coordinated approach.

Unfortunately, Togo, like other countries on the West African coast, finds itself on the drug-trafficking route, in our case cocaine, from countries of South America en route to Europe. That situation has called for strong Government action. In that regard, Togo has ratified all United Nations conventions and treaties concerning the fight against drugs.

In 1996, aware of the danger that such trafficking represents, Togo established the National Anti-Drug Commission, which is an interministerial body responsible for anti-drug policy. A drug-control law was adopted in 1998. The establishment of the policy body was followed up by operational measures that translated into the etablishment of the Central Office for the Repression of Illicit Drug Trafficking and Money Laundering. Unfortunately, in the 1990s those measures were put to the test by a breakdown in the cooperation between Togo and its partners. Taking advantage of that vacuum in cooperation, criminal networks gradually took root in Togo. However, at no point in time did the Togolese Government give up the fight. For instance, in 2004, the vessel *Pitéa*, carrying about 400 kilograms of cocaine, was detained in Lomé.

Since 2005, thanks to Government action and international cooperation, there has been a renewed sense of energy in the fight. That made it possible in 2008 to dismantle the South American networks implanted in our country. That commitment to the fight against trafficking is a priority for our Government. For evidence of that, we can look to the seizure of drugs in various parts of our territory. However, small amounts of hard drugs have also been seized in recent years. That can be explained by the fact that traffickers are choosing other routes.

The death penalty has been abolished in Togo since June 2009. Although it existed before that date, the penalty was last applied in 1979. While it is true that repression alone cannot overcome the drug-trade phenomenon, the Togolese Government has been taking a variety of actions to reduce demand.

The treatment of addicts remains a health priority for Togo. An addiction treatment centre was established within the Campus University Hospital of Lomé and two other psychological medical centres for the treatment of addicts have also been established within our country. UNODC-trained actors carry out awareness-raising activities within various social strata in the country. I would like to take this opportunity to pay tribute to the Kingdom of Norway and many other partners, whose cooperation has strengthened the demand-reduction activities in our country.

Undoubtedly, the world drug problem jeopardizes the efforts of our States and the international community with regard to sustainable development, political stability and the consolidation of democratic institutions. That is why Togo remains determined, at the regional and international levels, to combat the drug scourge. In that regard, I would stress my country's desire to see cooperation between the various actors strengthened in order to overcome the drug problem, which poses a serious threat to the health, safety and welfare of all humankind. Particular attention should be paid to the most vulnerable countries.

In conclusion, allow me to reiterate that my country fully supports the common position of the African Union and the recommendations of the fifty-ninth session of the Commission on Narcotic Drugs.

The Acting President: I now give the floor to the Head of the delegation of the Republic of Indonesia.

Mr. Budiman (Indonesia): At the outset, let me congratulate the President on his assumption of the presidency of this very important meeting.

This special session on the world drug problem has just reached a milestone with the adoption of resolution S-30/1. Indonesia welcomes that adoption, which would not have been possible without the spirit of consensus and great flexibility that prevailed among the Member States involved in the negotiation process.

Seven years have passed since the adoption of the 2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem. Yet, despite our vigorous efforts and collaboration, the world drug problem persists. In that regard, Indonesia recognizes the significance of this special session as an important high-level forum in the lead-up to 2019. In our view, this special session provides a unique opportunity for Member States, intergovernmental organizations, non-governmental organizations and experts to discuss progress and challenges in the implementation of the 2009 Political Declaration and Plan of Action. This special session and its resolution S-30/1 should, therefore, serve as an important step towards achieving the targets and objectives of the Political Declaration and Plan of Action in accordance with the three international drug-control conventions.

Bearing in mind the operational elements of the resolution, allow me to share some main points that reflect our national position on the world drug problem and our efforts to address and counter that scourge, with a view to achieving the goal of a society free of drug abuse.

First, Indonesia reiterates that the three international drug-control conventions constitute the cornerstone of the international drug-control system.

Secondly, demand-reduction measures remain an integral part of our national drug-control strategies. Indonesia continues to develop its strategy to improve its rehabilitation programmes, in particular by the establishment of additional rehabilitation centres, including the establishment of voluntary community-based centres. In that regard, our experience shows the importance of the active participation of families and communities in prevention efforts at all levels, and of eradication measures to counter the abuse of drugs and psychotropic substances.

Thirdly, the current state of drug trafficking continues to be a serious threat that requires extraordinary efforts. Drug-trafficking rings, with their sophisticated modi operandi, such as the increased prevalence of new psychoactive substances, or the use of the Internet, continue to spread in many parts of Indonesia, and have penetrated all levels of society, including the young generation. Money-laundering involving proceeds from drug trafficking is another major challenge. To tackle that serious crime, Indonesia has taken strict but appropriate law-enforcement measures to hold drug traffickers and drug-related criminals accountable for their crimes. For Indonesia, it is beyond dispute that illicit narcotic drugs pose a serious threat to human lives and adversely affect the health and the economic, social and political foundation of individuals, their families and society.

My delegation wishes to emphasize that every country has its own unique characteristics. What is applicable in one country should not be thought to be automatically applicable everywhere, and no one should generalize failure to deal with the drug abuse in his or her own territory as the failure of every country to tackle the world drug problem.

In our view, the transnational challenges posed by drug trafficking should also be addressed with full respect for the sovereignty and territorial integrity of States and in accordance with the principle of non-intervention in the internal affairs of States. In other words, each country has the sovereign right and responsibility to decide on the most appropriate approach to addressing the drug problem within its borders, taking into account the historical, political, economic, social and cultural contexts and norms of its society.

As no country can tackle drug crimes alone, international cooperation is important. In that regard, Indonesia fully subscribes to the common position of the Association of Southeast Asian Nations. My delegation believes that in order to suppress and eliminate the scourge of drugs, a zero-tolerance approach is needed so as to provide people and communities in the region with a society free from drug abuse and its ill effects.

Fourthly, Indonesia attaches great importance to the promotion and protection of human rights and fundamental freedoms. In addressing the drug problem, we believe that access to health facilities, care and social services should be afforded to everyone in a non-discriminatory manner, taking into account the special needs of women and children. However, we are of the view that the promotion and protection of human rights should be addressed in a balanced manner.

It is important that respect for human rights should mean that the rights of individuals are protected, including protection from criminals who prey on vulnerable individuals. We therefore believe that the rights of the victims of drug-related offenses and their families should be considered as an important element in the formulation of global policy.

The Acting President: I now give the floor to the Head of the delegation of the Republic of Trinidad and Tobago.

Mr. Charles (Trinidad and Tobago): Trinidad and Tobago views the special session on the world drug problem as a timely and important avenue for further discussions on how to deal with the world drug problem in a comprehensive and sustainable manner, as well as on how to synchronize efforts at the national, regional and global levels aimed at tackling that international menace. For us, as a small island developing State plagued by illicit drug trafficking, illicit drug use and the related consequences, this moment for convening the special session is well-chosen.

In some quarters, it continues to be believed that robust punitive laws that seek to deter involvement in the illicit drug trade can reduce the world drug problem and its associated health and social harms. However, Trinidad and Tobago firmly believes that it is no longer possible to rely on strategies and policies focused on seizures, arrests and punishments to solve the severe

and pernicious drug problem. We in Trinidad and Tobago therefore support the shift from such an archaic approach to a new one that adopts and focuses on a balanced, integrated and multidisciplinary approach in tackling the problem.

Furthermore, we submit that resources should be focused on reducing drug-related crime and, at the same time, on effectively addressing the harmful health-related, social and economic consequences of drug abuse and drug dependency, in which the victims of such abuse find themselves. Trinidad and Tobago also emphasizes the importance of the timely and reliable collection of data in order to accurately assess domestic realities and adopt the appropriate measures to address those problems. In that regard, we continue, in conformity with the international instruments relevant to the drug problem, to call upon our partners to continue to work with us in a cooperative manner, as envisioned by those international legal instruments.

Trinidad and Tobago also supports the implementation of a rigorous drug-monitoring information system, as well as the development of proactive strategies that would enable States to rapidly identify new threats and, at the same time, anticipate their potential implications for our societies. The national drug policy of Trinidad and Tobago and the operational plan for drug control seek to deal with the complex issue of drug control through a balanced and multipronged approach, in alignment with local, regional and global standards, which have been adapted to work in our domestic situation. As a country, we have long endorsed a people-centred approach to development, and that is also found in our strategies to tackle and eventually eradicate the pernicious drug problem.

The world drug problem constitutes a serious threat to public health and to the safety and well-being of all humankind. In recognition of the burden borne by societies resulting from this decades-old and, in some cases, centuries-old problem, including drug dependency, the Government of Trinidad and Tobago has endorsed a public-health approach to drug control, which not only prevents drug use, but also reduces its negative impact on all of our citizens, including infants. At the same time, it is imperative that efforts undertaken at the national level be supported by an enabling international environment. We are of the view that this special session must seek to establish a framework that could result in the consolidation of the drug control environment, for which Trinidad and Tobago has been calling for some time.

Our national drug policy also promotes efforts aimed at enhancing alternative development programmes that facilitate inclusive opportunities for healthy and productive lives for those most vulnerable to involvement with drugs, including women, youth, persons with disabilities, persons living with HIV/AIDS and other at-risk groups. Moreover, we hold the view that alternative development must relate to the particularities of the countries that serve as transit points, such as Trinidad and Tobago, and as consumer markets, and that the approach must bring together initiatives contributing to the acceptance and adoption of healthier lifestyles, particularly among those most vulnerable to involvement with drugs.

Our drug-control programmes must also seek to empower individuals by providing them with opportunities and equipping them with life skills aimed at discouraging drug abuse and involvement in the pernicious drug trade. Trinidad and Tobago urges everyone gathered here today to adopt a broader view of alternative development in relation to drug control by placing greater emphasis on addressing the social and economic challenges that have given rise to and fuelled the international drug problem.

When law-enforcement and criminal justice systems are overburdened, the effectiveness of established policies is undermined. Trinidad and Tobago therefore advocates for a strengthened criminal-justice system that would embrace restorative-justice approaches and alternatives to incarceration, and that would be applied to drug trafficking, its related criminal activities and drug abuse. Its aim would be to alleviate the major challenges posed by such issues as the overpopulation of prisons, high detention rates for minor drug-related offences, significant delays in the criminal-justice system and insufficient rehabilitative or vocational training for persons awaiting trial or on remand.

States also face an increasing number of challenges in their efforts to ensure access to medicines essential for the successful operation of health-care systems, and to restrict access to controlled substances and limit illicit drug use. As a consequence, Trinidad and Tobago's national drug policy promotes a scientific approach to developing effective demand and supply reduction strategies. We also believe that close collaboration among the relevant agencies and

departments at the national and global levels can be an effective mechanism for preventing the diversion of controlled substances, while at the same time ensuring that health-care facilities have adequate resources.

In conclusion, Trinidad and Tobago is pleased to have joined the consensus on the outcome document of this special session (resolution S-30/1, annex). However, we hope that future negotiations on outcome documents on such critical issues as this pernicious world drug problem will take place in New York, where all Member States, which are not all represented at other locations, can participate in significant numbers. Trinidad and Tobago remains, as is its custom, committed to continuing to work with all relevant stakeholders in the development and implementation of well-targeted and flexible policies, which are pivotal to addressing, in a holistic manner, the security concerns and the socioeconomic impact of the illicit drug trade on our societies.

The Acting President: I now give the floor to Mr. Marat Demeuov, First Deputy Minister of Internal Affairs of the Republic of Kazakhstan.

Mr. Demeuov (Republic of Kazakhstan) (*spoke in Russian*): Allow me, Sir, on behalf of the delegation of the Republic of Kazakhstan, to welcome the participants in this special session and to wish everyone success in their work.

The issue of the drug threat and its impact on national and international security plays an important role on the international agenda. It is also the subject of our continual concern. We take that threat seriously, and we have taken determined measures nationally to combat drug trafficking. That is one of our main priorities in our internal and foreign policies. Our Kazakhstan 2030 strategy and a number of other State and related programmes also deal with the problem.

There is no doubt that the transnational and constantly changing nature of the threats posed by drugs require that we take coordinated and active joint measures. Kazakhstan expresses its commitment to participating in international and regional cooperation aimed at dealing with the drug threat. We highly commend and fully support the relevant initiatives and efforts of international and regional organizations, including the United Nations Office on Drugs and Crime (UNODC), the anti-drug agencies of the Commonwealth of Independent States, the Shanghai Cooperation Organization, the Collective Security Treaty Organization and other organizations.

One of the mechanisms that can serve as an example of such cooperation is the Central Asian Regional Information and Coordination Centre for Combating Illicit Trafficking of Narcotic Drugs, Psychotropic Substances and Their Precursors, located in Almaty. We would like to express our gratitude to the United Nations, UNODC, donors and partner countries which have committed to assuming responsibility for providing technical and financial assistance to the Regional Centre. We are sure that the Regional Centre will make a contribution to UNODC efforts in the area of drug control. We are also actively working to establish a national agency for providing technical assistance.

The President of Kazakhstan, Mr. Nursultan Nazarbayev, in announcing his programme Manifesto: The World in the Twenty-First Century, again underlined the importance of developing a plan for a global strategic initiative for 2045. The plan would be aimed at forging a new development trend based on equitable access for all countries to infrastructure, resources and markets. That will have a significant impact on dealing with the illegal trade in drugs. We also support measures aimed at dealing with drug users in a humanitarian way. We are convinced of the need to take a very cautious and balanced approach in that area.

The growth in the production of drugs and the widespread distribution of new psychoactive substances have a significant impact on our efforts to reduce the production of opium and cannabis. We believe that the current situation requires an immediate response by the international community and the strengthening of interregional cooperation. Kazakhstan reaffirms its commitment to the goals and objectives of the three international conventions on drug control, and we express our readiness to continue our coordinated efforts aimed at combating the drug trade.

Kazakhstan, as an active participant in the preparations for this special session, firmly upholds the adoption of the outcome document, entitled "Our joint commitment to effectively addressing and countering the world drug problem", (resolution S-30/1, annex). We believe that it is a very important document in that it sets out a strategy for combating the illegal trade in narcotics. It is also an important step towards enhancing measures to combat that threat.

The Acting President: I now give the floor to Mr. Dimby Noelson Hama, Secretary-General of the Interministerial Anti-Drug Commission of the Republic of Madagascar.

Mr. Hama (Madagascar) (*spoke in French*): Madagascar aligns itself with the statements made by the representative of South Africa on behalf of the States of the African Union, by the representative of the Sudan on behalf of the Group of African States and by the representative of Morocco on behalf of the States members of the International Organization of la Francophonie (see A/S-30/PV.2).

The drug problem is not only a health-related issue but also impacts security. Although the Malagasy Government has limited resources, we have always shown our willingness to invest heavily in efforts to combat drugs. Indeed, following our accession to the three international drug-control conventions, we set up a national entity, namely, the Interministerial Commission for Coordinating the Fight against Drugs. A representative of our Government is entrusted with the task of defining, developing, managing and coordinating a national drug-control policy at the national, regional and international levels.

At the national level, the Malagasy State adopted Law No. 97-039 on drug control, psychotropic substances and precursors in Madagascar. The sad reality is that, during the past few years, while the political crisis in Madagascar was ongoing, the trafficking and consumption of drugs continued to grow in scope, and, unfortunately, we have seen more and more consumption. Cannabis is still the main drug of consumption, and it has been feeding the illicit trade in Madagascar.

Our country adheres to the Sustainable Development Goals. Indeed, one of the major concerns of our State is to be able to locate all illicit narcotic crops in order to destroy them and replace them with viable crops, more specifically, substitute crops. In a bid to safeguard public health, which has come under threat from drugs, prevention activities have been stepped up. The current measures are based on the international norms established by the United Nations Office on Drugs and Crime (UNODC) on the prevention of drug consumption.

With regard to related problems, our Government adopted a law on money-laundering, screening, confiscation and international cooperation in dealing with the proceeds of crime. We have been sharing financial intelligence so as to tackle money-laundering. In order to establish a policy of proximity, online training modules on counselling and treatment, involving participants from several regions of Madagascar, have been set up and others are being organized. In that context, an association is offering free counselling sessions in the ministries during 2016. Madagascar participated in the signing of the United Nations Convention against Transnational Organized Crime and its two Protocols: the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the Protocol against the Smuggling of Migrants by Land, Sea and Air. Let us look at some of the measures that we have adopted.

Everyone involved in the fight against drugs has been pooling their efforts to ensure a reduction in the supply and demand of drugs. Thanks to UNODC's financial and technical assistance, our Government has, over the past four successive years, been able to carry out capacity-building training programmes for most of our stakeholders working in the field. In 2015, a survey was conducted on drug prevalence in secondary schools in the urban commune of Antananarivo.

In 2004, we adopted a master drug-control plan. The plan needs to be updated, as the reality on the ground has changed a lot, especially given that several countries have inserted risk-reduction in their action plans against drugs, in view of drug use by injection, which can transmit HIV/AIDS and thereby threaten public health. One of our major concerns is also to upgrade the drug-control law and the law on precursors and psychotropic substances.

In conclusion, Madagascar is always ready to fight against drug trafficking. However, our socioeconomic conditions are not conducive to the Government's being able to effectively address that priority of priorities. Nevertheless, we are ready to do everything possible to serve the best interests of our country and to counter the world drug problem.

The Acting President: I now give the floor to the Head of the delegation of the Principality of Liechtenstein.

Mr. Wenaweser (Liechtenstein): Eighteen years have passed since we came together here in New York and set out to achieve a drug-free world — by 2008 no less. Our collective failure is obvious. No country in the world is drug-free, and the level of illicit drug

use has remained high over the past years. This special session is therefore an opportunity for reflection and for challenging our thinking from the past, which has clearly not delivered the intended results.

Let us remember our goals. The international drug-control framework was meant to address the health and welfare of humankind. Yet in practice, health has not been a priority: $100 billion are spent every year on global drug enforcement, mostly to reduce supply rather than demand. The United Nations Office on Drugs and Crime (UNODC) *World Drug Report 2015* found that the unintended consequences of current drug policies have been to shift precious resources away from public health to law enforcement. The current regime facilitates very lucrative and violent criminal black markets, while criminalizing and marginalizing drug users. Those are not just minor side effects.

Women are disproportionately affected by those consequences. Their lack of economic opportunity increases their risk of being pushed into illegal drug-trading, especially in countries affected by political instability. Drug networks are also often involved in sex trafficking. Furthermore, domestic drug policies often lack a gender-sensitive approach, especially in the area of enforcement.

We are also greatly alarmed by the continued imposition of the death penalty for drug-related offences. The Office of the United Nations High Commissioner for Human Rights estimates that the death penalty is currently practiced in 33 countries and territories, with some countries imposing mandatory death sentences. Drug-related crimes do not meet the threshold of the most serious crimes established under international law. Related executions are therefore in clear violation of article 6 of the International Covenant on Civil and Political Rights. We strongly urge the countries concerned to end that practice, which has no deterrent effect.

This session will be remembered as special only if we begin to change course. We must place health and welfare at the centre of our efforts, based on human rights and on scientific evidence. Particular efforts should go into prevention, harm reduction, access to treatment and the social reintegration of drug users. We must assist them in finding meaningful alternatives for their livelihoods and economic activity. In the 2030 Agenda for Sustainable Development (resolution 70/1), we committed ourselves to strengthening the prevention of substance abuse and to combating all forms of organized crime. The Agenda is founded on human rights and human dignity. Our answer to the world drug problem must be as well.

The Acting President: I now give the floor to His Excellency Mr. Fernando Araújo, Assistant Secretary of State and of Health of the Portuguese Republic.

Mr. Araújo (Portugal): Portugal associates itself with the statement made by the observer of the European Union.

We would also like to express our appreciation for the adoption of the outcome document of the special session, entitled "Our joint commitment to effectively addressing and countering the world drug problem", (resolution S-30/1, annex). It constitutes a step forward in the debate on how to address the world drug problem and provides a solid input towards the target date of 2019 and beyond.

Portugal believes that one of the major achievements of the special session process was the recognized need to rebalance drug policies towards a human rights and public-health-based approach. The Portuguese approach to drugs has been considered a model of best practices, owing to the fact that we recognize drug use as a health issue and drug dependence as a chronic and treatable multifactorial health disorder that needs to be treated, not punished. In Portugal, decriminalization created a legal framework for implementing policies to reduce the harm caused by drug consumption and to refer drug users to the most suitable care. Even if drug users are not in a position to quit using drugs, we believe that they still deserve the Government investment needed to improve their health and social condition.

Decriminalization is, therefore, part of a comprehensive drug-demand-reduction approach that includes prevention, treatment, harm reduction and social reintegration. The implementation of evidence-based harm-reduction measures is considered to be a key factor in our policy, as such measures protect both drug users and society as a whole, improving the health and well-being of drug users and their families. The focus on a risk- and harm-reduction approach is, therefore, a key principle that Portugal stands for, as such measures have proved their effectiveness and should be further promoted and implemented.

Portugal reiterates its commitment to the three major international drug-control conventions, which have, in

our view, sufficient scope and flexibility for States to design and implement drug policies according to their own national priorities and specificities, based on solid scientific evidence and on the respect for human rights. In that regard, the Chair of the International Narcotics Control Board has stated on several occasions that the conventions do not require the criminalization of drug use and that the Portuguese model of decriminalization is in line with the conventions.

Portugal firmly believes that our efforts to address the world drug problem must incorporate a human rights perspective. In that regard, we deeply regret that the outcome document does not address the abolition of the death penalty. I would like to underline Portugal's unrelenting opposition to the death penalty in all circumstances, including for drug-related offences. We therefore call on all countries that retain capital punishment to establish an immediate official moratorium, with a view to its permanent abolition.

In conclusion, Portugal strongly believes that the international community must pursue its efforts to address all aspects of the drug problem. I would like to assure the President that my country will continue to contribute actively in that endeavour.

The Acting President: In accordance with General Assembly resolution 57/32, of 19 November 2002, I now give the floor to the observer of the Inter-Parliamentary Union.

Ms. Patricia Torsney (Inter-Parliamentary Union): Parliamentarians are among the first witnesses to the impacts of drug policy. They interact with their constituents, who fear that their children are at risk, who ask why treatment is unavailable, who require legal services to avoid prosecution, or who simply need someone to hear their concerns. Parliamentarians are involved directly in establishing the legal framework and regulations that govern drugs in their countries, and they pass budgets for health care, education and rehabilitation that help curb the effects of drugs.

In February, the United Nations and the Inter-Parliamentary Union (IPU) held a joint parliamentary hearing in preparation for this special session. The hearing built on discussions on drug issues at several IPU Assemblies, as policy repercussions were being felt all around the world. The hearing made it clear that drug addiction is not far removed from other addictions, such as to alcohol and tobacco; not all drugs are the same, nor do all drug users become addicted.

For those and many other reasons, parliamentarians believe the world's response to the drug problem must be compassionate and considerate. It must start by looking at drug use as a health issue, without stigma or discrimination. Although consensus was not reached on several agenda items, the hearing addressed many misunderstandings and set the stage for further political debate in national parliaments. Moreover, the hearing revealed a degree of common ground on four key points.

First, the three main international drug-control conventions provide a framework to guide policy in all countries, and countries should not try to go it alone.

Secondly, many countries are interpreting the conventions too narrowly, without considering their flexibility. Under the conventions, while the production, sale and use of drugs must remain illegal, punishment for lawbreakers does not require imprisonment. Many parliamentarians were not aware of that.

Thirdly, all countries should focus more on tackling the root causes of drug use, not just their effects. If people are helped out of poverty, if health care and education are available and institutions are more transparent, and if their representatives proactively implement the new Sustainable Development Goals (SDGs), the drivers of the drug problem will be undercut.

Fourthly, more attention must be paid to the unintended consequences of the so-called war on drugs, including the expansion of lucrative drug markets and its associated criminality. Many participants questioned the wisdom of investing huge resources in law enforcement at the expense of prevention and treatment, and expressed concern for the unrelenting focus on small producers and users, as opposed to the large cartels, which are responsible for the worst crimes. As a member of parliament noted, the war on drugs has become a war on the poor. That is one unintended consequence that the anti-poverty, people-centred SDGs call on us to remedy urgently.

Drug policies must respect human rights, including the right of indigenous people to their traditional livelihoods, the right of drug users to treatment and, of course, the most sacrosanct right of all — the right to life. Several participants spoke strongly against the use of the death penalty for drug-related crimes.

The parliamentary hearing brought to light the need for more coherent national policies to replace the patchwork of legislation and measures that many

countries have adopted over the years. All countries should perform a comprehensive review of their drug problem, and on that basis design an integrated, balanced strategy in consultation with all concerned individuals and organizations. That issue must remain high on the agenda globally and nationally, especially for parliamentarians. While many are satisfied with the existing legal frameworks and with the general response to the problem so far, many others are not. We must listen carefully to the growing concern that the global response to the drug problem is not working. We must design policies based on the facts as they are, rather than on ideology or an idealized picture of the world.

The Acting President: In accordance with resolution 49/2, of 19 October 1994, I now call on the observer of the International Federation of Red Cross and Red Crescent Societies.

Mr. Barra (International Federation of Red Cross and Red Crescent Societies): I thank the President for giving me the opportunity to address the General Assembly on behalf of the International Federation of Red Cross and Red Crescent Societies, the world's largest humanitarian network, comprising 190 member National Societies and working through 70 million community-based volunteers. Our mission is to prevent or mitigate human suffering in all its forms. There is no doubt that substance abuse is one of the major causes of suffering, as Professor Claude Olievenstein said in his book *Il n'y a pas de drogués heureux*. That is why the national Red Cross and Red Crescent Societies have for many decades raised their voices about the negative consequences of drug consumption, starting at the Regional Conference for Asia in Bangkok in 1922, at a time of opium abuse, and continuing to the present day.

We were among the first international organizations to call for human, evidence-based harm-reduction policies for drug users, a policy practiced today through many national societies around the world working in partnership with the public authorities. We have been very concerned about the humanitarian consequences of approaches to drug use that rely exclusively on the prosecution and punishment of addicted persons while neglecting support, care and treatment. Public-health research on that issue is very clear. A more human approach simply works much better to prevent the worst consequences of drug use.

As a medical doctor who has met about 40,000 drug users in the institution I created in 1976, the Italian Red Cross/Villa Maraini Foundation in Rome, I can personally attest to the fact that repressive attitudes towards drug users are not in the public interest and that we should work to gain access to hard-to-reach populations that live in the shadows. "Meet and treat" should be our slogan.

People dependent on drugs continue to be among the most vulnerable and marginalized groups in the world. Yet in too many instances, instead of being met with understanding and being provided with equitable access to treatment and care, drug users remain excluded from society. They face social stigma, and they are punished and imprisoned rather than treated. In that regard, we would like to underline the particular vulnerability of women and young people. It is in the interest of each of us to accept and extend a supportive hand towards people using drugs, instead of rejecting them. Addressing their humanitarian needs is an important step leading to empowerment and recovery. Empowerment is always therapeutic. Such an approach is not impossible if there is real political will. We need a different approach in which we emphasize the health challenges and needs of drug users.

Today, we have a unique opportunity to call for policies that safeguard equitable access to health care. We therefore urge Governments to implement effective, people-centred and inclusive measures to reduce health risks. As was well said yesterday by the Director-General of the World Health Organization (see A/S-30/PV.1), the scientific evidence is very clear, and we need to take it into account when designing our policies. For their part, through the large network of volunteers present in hard-to-reach communities, the Red Cross and Red Crescent Societies worldwide are well placed to increase their partnership with local authorities, other stakeholders at the community level, and civil-society organizations in such a way as to bridge the existing gap between formal health institutions and the most marginalized populations and to truly ensure that no one is left behind.

The meeting rose at 1.05 p.m.